

LSTA Reimbursement Request/Invoice Summary

Library Name: _____

Award Amount: _____ Amount Requested: _____

Address: _____

Project #: _____ Fiscal Agency Federal Employer #: _____

City: _____ Zip: _____

Is this your final Reimbursement Request? ☐ Yes ☐ No

Fiscal Agency (if different): _____

I have reviewed all documents included with this Reimbursement Request and certify that they are accurate and for activities approved in the grant application.

Street Address: _____

City: _____ Zip: _____

Date Submitted: _____

Fiscal Agent Signature

Grant Administrator Signature

Typed Name and Title

Typed Name and Title

Must have original signatures!

Payee/Vendor Name	Invoice Total	Amount Requested	Budget Category	Project Objective #	Date Paid	Check Number



Dept. of History, Arts and Libraries
LSTA Team
702 West Kalamazoo Street
PO Box 30007
Lansing, MI 48909-7507

Total Amount Per Page _____
80% of Amount Requested
(if applicable) _____

A complete, legible copy of each invoice must be attached to this form.